

<i>SERFF Tracking Number:</i>	<i>UHLC-126705630</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United HealthCare Insurance Company</i>	<i>State Tracking Number:</i>	<i>46527</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H09G Group Health - Organ &amp; Tissue Transplant - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H09G.000 Health - Organ &amp; Tissue Transplant - Limited Benefit</i>
<i>Product Name:</i>	<i>Transplant Product</i>		
<i>Project Name/Number:</i>	<i>PPACA Dependent Amendment/</i>		

## Filing at a Glance

Company: United HealthCare Insurance Company

Product Name: Transplant Product	SERFF Tr Num: UHLC-126705630	State: Arkansas
TOI: H09G Group Health - Organ & Tissue Transplant - Limited Benefit	SERFF Status: Closed-Approved- Closed	State Tr Num: 46527
Sub-TOI: H09G.000 Health - Organ & Tissue Transplant - Limited Benefit	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form	Author: Anne Kelly Berg	Reviewer(s): Rosalind Minor
	Date Submitted: 08/18/2010	Disposition Date: 08/20/2010
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

## General Information

Project Name: PPACA Dependent Amendment	Status of Filing in Domicile: Not Filed
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Overall Rate Impact:	Group Market Type: Employer
Filing Status Changed: 08/20/2010	Explanation for Other Group Market Type:
	State Status Changed: 08/20/2010
Deemer Date:	Created By: Anne Kelly Berg
Submitted By: Anne Kelly Berg	Corresponding Filing Tracking Number:
Filing Description:	
On behalf of UnitedHealthcare Insurance Company, I am submitting the enclosed group health amendment form for your Department's review and approval.	

Form number : UCC-POL-Amend-Dep-AR  
Form Description: Group Amendment Form  
Flesch score: 52.4

<i>SERFF Tracking Number:</i>	<i>UHLC-126705630</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United HealthCare Insurance Company</i>	<i>State Tracking Number:</i>	<i>46527</i>
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<i>Product Name:</i>	<i>Transplant Product</i>		
<i>Project Name/Number:</i>	<i>PPACA Dependent Amendment/</i>		

This amendment form is being filed for large employer groups. Once approved, the amendment form will be used in conjunction with our previously approved policy/certificate series UCC-POL-AR (02/04) et al., approved by your department on July 6, 2004.

The intent of this amendment filing is to comply with Federal health care reform requirements (the "Patient Protection and Affordable Care Act") specifying coverage of dependent children to age 26. Please keep in mind the following while conducting your review of the submitted amendment form:

- The enclosed amendment form includes an optional (bracketed) provision to expand coverage for full-time student dependents age 26 or older as well as a corresponding bracketed definition of the term Full-time Student. This expanded coverage will be available at the group's option.
- The following bracketed statement as reflected under item A. of the enclosed amendment form will be available for inclusion, at the group's option, only in the issued documents of groups whose plans are grandfathered plans with plan years beginning before January 1, 2014: [who is not eligible to enroll in an eligible employer-sponsored health plan (as defined by law)].

These materials represent final printed format with the exception of variable text, which is enclosed in [brackets]. We would like to reserve the right to build the amendatory language into the Policy/Certificate or leave it in the amendment format, whichever we deem most appropriate for the group.

## Company and Contact

### Filing Contact Information

Anne Kelly Berg, Senior Contract Specialist	anne_e_kelly_berg@uhc.com
5901 Lincoln Dr	952-992-4793 [Phone]
Edina, MN 55436	

### Filing Company Information

United HealthCare Insurance Company	CoCode: 79413	State of Domicile: Connecticut
450 Columbus Boulevard	Group Code: 707	Company Type: Life and Health
PO Box 150450	Group Name:	State ID Number:
Hartford, CT 06115-0450	FEIN Number: 36-2739571	
(860) 702-5000 ext. [Phone]		

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SERFF Tracking Number: UHLC-126705630 State: Arkansas  
Filing Company: United HealthCare Insurance Company State Tracking Number: 46527  
Company Tracking Number:  
TOI: H09G Group Health - Organ & Tissue Sub-TOI: H09G.000 Health - Organ & Tissue Transplant -  
Transplant - Limited Benefit Limited Benefit  
Product Name: Transplant Product  
Project Name/Number: PPACA Dependent Amendment/

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50 per amendment form  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United HealthCare Insurance Company	\$50.00	08/18/2010	38849805

SERFF Tracking Number:	UHLC-126705630	State:	Arkansas
Filing Company:	United HealthCare Insurance Company	State Tracking Number:	46527
Company Tracking Number:			
TOI:	H09G Group Health - Organ & Tissue Transplant - Limited Benefit	Sub-TOI:	H09G.000 Health - Organ & Tissue Transplant - Limited Benefit
Product Name:	Transplant Product		
Project Name/Number:	PPACA Dependent Amendment/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/20/2010	08/20/2010

<i>SERFF Tracking Number:</i>	<i>UHLC-126705630</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United HealthCare Insurance Company</i>	<i>State Tracking Number:</i>	<i>46527</i>
<i>Company Tracking Number:</i>			
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<i>Product Name:</i>	<i>Transplant Product</i>		
<i>Project Name/Number:</i>	<i>PPACA Dependent Amendment/</i>		

## Disposition

Disposition Date: 08/20/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>UHLC-126705630</i>	<i>State:</i>	<i>Arkansas</i>
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Cover Letter	Approved-Closed	Yes
<b>Form</b>	Dependent Definition	Approved-Closed	Yes

SERFF Tracking Number: UHLC-126705630 State: Arkansas

Filing Company: United HealthCare Insurance Company State Tracking Number: 46527

Company Tracking Number:

TOI: H09G Group Health - Organ & Tissue Sub-TOI: H09G.000 Health - Organ & Tissue Transplant - Limited Benefit

Product Name: Transplant Product

Project Name/Number: PPACA Dependent Amendment/

## Form Schedule

Lead Form Number: UCC-POL-Amend-Dep-AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/20/2010	UCC-POL-Amend-Dep-AR	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Dependent Definition Initial			52.400	Dep Def Amd AR.pdf

**UnitedHealthcare Insurance Company**

**[185 Asylum Street**

**Hartford, Connecticut]**

**(Home Office)**

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**Policyholder: [XXXX]**

**Policy Number: [XXXXXX]**

This Amendment/Rider, effective [xxxx xx, 20xx], amends the Policy/Certificate of Coverage as follows:

**Under Section [14]: Glossary, the definition of the term Dependent is replaced with the following:**

**Dependent.** (1) The Subscriber's legal spouse; or (2) a child of the Subscriber or the Subscriber's spouse (including a natural child, stepchild, [a foster child, ]a legally adopted child, or a child placed for adoption). [The term child also includes a grandchild of either the Subscriber or the Subscriber's spouse [when legal guardianship has been awarded to the Subscriber or the Subscriber's spouse].] [The principal place of residence of the legal spouse must be with the Subscriber unless the Company approves other arrangements.] The definition of Dependent is subject to the following conditions and limitations:

- A. The term Dependent shall include any child listed above under [26] years of age[ who is not eligible to enroll in an eligible employer-sponsored health plan (as defined by law)].

[A child who meets the requirements set forth above ceases to be eligible as a Dependent on the last day of the year following the date the child reaches age [26].]

- B. The term Dependent shall include an unmarried dependent child age [26] or older who is or becomes disabled and dependent upon the Subscriber as described in Section [5.2] Extended Coverage for Handicapped Children.

- [C. The term Dependent shall include [a][an unmarried] dependent child who is [26] years of age or older, but less than [29] years of age if evidence satisfactory to the Company of the following conditions is furnished upon request:

1. the child is not regularly employed on a full-time basis; and
2. the child is a Full-time Student; and
3. the child is primarily dependent upon the Subscriber for support and maintenance.]

[The definition of Dependent also includes such other sponsored Dependents as agreed upon by the Company and the Policyholder.]

The Subscriber must reimburse the Company for any Transplant Services provided to a child at a time when the child did not satisfy these conditions. The Policyholder and the Company may agree to increase these age limits, in which case the increased age limits will be stated in this Certificate or an Amendment to the Policy/Certificate.

The term Dependent also includes a child for whom health care coverage is required through a "Qualified Medical Child Support Order" or other court or administrative order. The Policyholder is responsible for determining if an order meets the criteria of a Qualified Medical Child Support Order.

[The term Dependent does not include anyone who is also enrolled as a Subscriber[, nor can anyone be a Dependent of more than one Subscriber].]



**Under Section [14]: Glossary, the definition of the term Full-time Student is replaced with the following:**

**[Full-time Student.** A person who is enrolled in and attending, full-time, a recognized course of study or training at:

- A. An accredited high school;
- B. An accredited college or university; or
- C. A licensed vocational school, technical school, beautician school, automotive school or similar training school.

Full-time Student status is determined in accordance with the standards set forth by the educational institution. A person ceases to be a Full-time Student [at the end of the calendar [month][year] during which][on the date] the person graduates or otherwise ceases to be enrolled and in attendance at the institution on a full-time basis.

A person continues to be a Full-time Student during periods of regular vacation established by the institution. If the person does not continue as a Full-time Student immediately following the period of vacation, the Full-time Student designation will end on the [last day of the calendar [month] [year] in which][last day on which] the person was enrolled and in attendance at the institution on a full-time basis.]

**All other provisions of the Policy/Certificate of Coverage remain unchanged.**

A handwritten signature in cursive script that reads "Thomas J. McGuire".

[Thomas J. McGuire  
Deputy General Counsel]

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	Approved-Closed	08/20/2010
<b>Comments:</b>			
<b>Attachment:</b>			
ARFlesch.pdf			

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Bypassed - Item:</b>	Application	Approved-Closed	08/20/2010
<b>Bypass Reason:</b>	N/A to this submission		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Satisfied - Item:</b>	Cover Letter	Approved-Closed	08/20/2010
<b>Comments:</b>			
<b>Attachment:</b>			
AR filing letter 0810.pdf			

**United HealthCare Insurance Company  
Hartford, Connecticut  
NAIC #79413**

**CERTIFICATION OF COMPLIANCE**

This is to certify that the accompanying forms comply with your state's readability requirements:

**A. Option Selected**

The forms are scored separately for the Flesch reading ease test. Flesch Score is indicated below.

<u>Form</u>	<u>Flesch Score</u>
UCC-POL-Amend-Dep-AR	52.4

**B. Test Option Selected**

Test was applied to each entire policy form.

**C. Standards for Certification**

A checked block indicates the standard has been achieved.

- |          |  |
|----------|--|
| <u>X</u> | 1. The form text achieves a minimum score of 40 on the Flesch reading ease test in accordance with the option chosen in Section A above. |
| <u>X</u> | 2. It is printed in not less than ten point type, one point leaded.  |
| <u>X</u> | 3. The layout and spacing of the policy forms separate the paragraphs from each other and from the border of the paper.                  |
| <u>X</u> | 4. The section titles are captioned in bold face type or otherwise stand out significantly from the text.                                |
| <u>X</u> | 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the forms.                   |



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**Juanita B. Luis, Assistant Secretary**

Date: August 18, 2010



August 18, 2010

Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

Re: UnitedHealthcare Insurance Company  
NAIC No. 79413  
FEIN Number: 36-2739571  
Form Number: UCC-POL-Amend-Dep-AR  
Product Matrix Coding: H09G.000

Dear Sir/Madame:

On behalf of UnitedHealthcare Insurance Company, I am submitting the enclosed group health amendment form for your Department's review and approval.

Form number	Form Description	Flesch score
UCC-POL-Amend-Dep-AR	Group Amendment Form	52.4

This amendment form is being filed for large employer groups. Once approved, the amendment form will be used in conjunction with our previously approved policy/certificate series UCC-POL-AR (02/04) et al., approved by your department on July 6, 2004.

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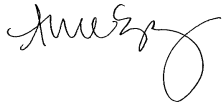
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August 18, 2010  
Page 2

If you have any questions or concerns regarding this submission, please feel free to call me at the number shown below.

Sincerely,

A handwritten signature in black ink, appearing to read "Anne Kelly Berg". The signature is fluid and cursive, with a large loop at the end.

Anne Kelly Berg  
Sr. Compliance Consultant  
Regulatory and Government Affairs  
UnitedHealthcare  
5901 Lincoln Drive  
Mail Code: MN012-S117  
Edina, MN 55436

Phone: 952-992-4793  
Fax: 952-992-5105  
anne\_e\_kelly\_berg@uhc.com